

**California Department of Education
Request for Authorization of a Schoolwide Program**

(Please print or type all information.)

County: _____ School District: _____

School: _____ CDS Code (14 digits): _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_

Street Address: _____

City: _____ Zip: _____

Principal: _____ Telephone: _____

FAX: _____ E-mail: _____

Consolidated Program Director: _____ Telephone: _____

FAX: _____ E-Mail: _____

District Criteria to Rank Schools

Check one and include percentage.

☐ AFDC ____% ☐ Free/Reduced Lunch ____% ☐ Combination ____% ☐ Other ____%

Signatures

The undersigned certify that this schoolwide program plan incorporates the ten federally required components as listed on Attachment A of the California Department of Education schoolwide Web site located at: <http://www.cde.ca.gov/sp/sw/rt/>

Superintendent: _____ Date: _____

Principal: _____ Date: _____

School Planning Team Representative: _____

School Site Council Representative: _____

Consolidated Program Director: _____

Date of Local Board Approval: _____

**California Department of Education
Request for Authorization of a Schoolwide Program**

The undersigned certify that they have been involved in the schoolwide planning process as representatives for the programs included in this schoolwide program plan.

Check federal programs addressed in the schoolwide program plan.

Federal Programs	Representatives' Signature (Required)
<input type="checkbox"/> Title I, Part A—Improving Basic Programs Operated by Local Educational Agencies	
<input type="checkbox"/> Title I, Part B—Student Reading Skill Improvement Grants	
<input type="checkbox"/> Title I, Part C—Education of Migratory Children (Migrant Parent)	
<input type="checkbox"/> Title I, Part C—Education of Migratory Children (Director or Designee)	
<input type="checkbox"/> Title I, Part D—Prevention and Intervention Programs for Youth Who Are Neglected, Delinquent, or At Risk	
<input type="checkbox"/> Title I, Part F—Comprehensive School Reform	
<input type="checkbox"/> Title II, Part A—Improving Teacher Quality State Grants	
<input type="checkbox"/> Title II, Part D—Educational Technology State Grants	
<input type="checkbox"/> Title III, Part A—English Acquisition State Grants	
<input type="checkbox"/> Title IV, 21 st Century Schools	
<input type="checkbox"/> Title IV, Part A—Safe and Drug-Free Schools and Communities	
<input type="checkbox"/> Title V, Promoting Informed Parental Choice and Innovative Programs	
<input type="checkbox"/> Title V, Part D, Subpart 6—Gifted and Talented Students	
<input type="checkbox"/> Title VI, Flexibility and Accountability	
<input type="checkbox"/> Title VI, Part B, Subpart 2, Rural Education	
<input type="checkbox"/> Title VII, Indian, Native Hawaiian, and Alaska Native Education	
<input type="checkbox"/> Title VIII, Impact Aid Program	
<input type="checkbox"/> Title IX, General Provisions	
<input type="checkbox"/> Title X, Part C—Education of Homeless Children & Youths	
<input type="checkbox"/> Title X, Part D—Native American Education Improvement (Program Director/Coordinator or Indian Tribal Representative)	

**California Department of Education
Request for Authorization of a Schoolwide Program**

Check other programs included in the schoolwide program plan.

- ☐ School Improvement Program (SIP)
- ☐ Economic Impact Aid/Limited English Proficient (EIA/LEP)
- ☐ Economic Impact Aid/State Compensatory Education (EIA/SCE)
- ☐ Special Education
- ☐ State Preschool
- ☐ Health Services
- ☐ Food and Nutrition
- ☐ Other _____

To meet NCLB requirements, each schoolwide program school must receive technical assistance when it completes its comprehensive needs assessment and its schoolwide program plan. Please check the box for at least one entity that has provided technical assistance for your school. Also, identify by name the lead provider for each box checked.

- ☐ Regional System of District and School Support (RSDSS) _____
- ☐ County Office of Education _____
- ☐ External Coaches/Consultants _____
- ☐ Institution of Higher Education _____
- ☐ Other _____

Please return a copy of this completed form to:

California Department of Education
District and School Program Coordination Office
1430 N Street, Suite 4401
Sacramento, CA 95814